If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.





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CLASS CREINSTATEMENT FORM 2005-396-T

File the original with:		Mall or fax a copy to:
Columbia, S.C. 29211 (803) 896 – 5100	CEIVED	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
DATE: 10-20-2010	, • • , •	
Please consider this an application for Reinstatem	•	RE
Taxi Certificate Number ORS 75	Th. 1704	Oct. BIVE
Charter Certificate Number		OCT 2 1 2010
Charter Bus Certificate Number		CLERK'S OFFICE
Non-Emergency Certificate Number		MOE
My certificate was revoked/cancelled on $10-07-1010$ because $\angle ATE = 1/100$ (DATE)		
TAY! SERVICE BUSINESS		
(Name of Company) RENDETH L. BOATURIGHT, SP. DBA RED JOP CAR SERVICE (If applicable)		
716 S WARREN ST (Street Address)	(Mailing Address	If different from Street Address)
Timmonsuille 30 2916/ (City, State, Zip Code)	Kenneth ?	La furight su
(843) 346_9083 (Telephone Number)	<u> </u>	(Title) Owner, President, etc.